UNITED STATES SECURITIES AND EXCHANGE COMMISSIONS Washington, D.C. 20549

NOTICE OF SALE OF SECURITIES PURSUANT TO REGULATION D, SECTION 4(6), AND/OR

UNIFORM LIMITED OFFERING EXEMPTION

OMB Number: Expires: December 31, 1996 RECEIVED Eştimated average burden hours per response......16.00 SEC USE ONLY Préfix Serial

					/		
Name of Offering (□ c	heck if this is an amendment and name	has changed, a	and indicate char	ige.)			
Heat Lightning Producti							
Filing Under (Check box	(es) that apply): \square Rule 504 \square Rul	e 505 🗵 R	ule 506	tion $4(6)$	ULOE		
Type of Filing: ⊠ New							
	A. BASIC IDENTIFICATION D	ATA					
1. Enter the information	requested about the issuer						
Name of Issuer (□ che	ck if this is an amendment and name has	changed, and	l indicate change	:.)			
Heat Lightning Producti	ons LLC						
Address of Executive Of	fices (Number a	nd Street, Cit	y, State, Zip Cod	e) Teleph	none Number (In	cluding Area Cod	le)
c/o Gindi Theatrical Mar 311 West 43rd Street, St New York, NY 10036				(212)	489-7050		
Address of Principal But (if different from Execut		eet, City, State	e, Zip Code)	Teleph	none Number (Ir	cluding Area Cod	le)
Brief Description of Bus Live stage production er				<u> </u>			
Type of Business Organ	ization				03004	1633	
□ corporation	☐ limited partnership, already form	ed		▼ other: I	imited I inhility	Company	
☐ business trust	☐ limited partnership, to be formed			E other. I	Annica Elabini	ROCESSE	
Actual or Estimated Dat	e of Incorporation or Organization:	Month 8	Year 02		☐ Estimated	JAN 2 8 200	
	ation or Organization: (Enter two-letter CN for Canada;)	U.S. Postal So FN for other f	ervice abbreviation	on for State:	NY	THOMSON	•

GENERAL INSTRUCTIONS

Federal:

Who Must File: All issuers making an offering of securities in reliance on an exemption under Regulation D or Section 4(6), 17 CFR 230.501 et seq. or 15 U.S.C. 77d(6).

When To File: A notice must be filed no later than 15 days after the first sale of securities in the offering. A notice is deemed filed with the U.S. Securities and Exchange Commission (SEC) on the earlier of the date it is received by the SEC at the address given below or, if received at that address after the date on which it is due, on the date it was mailed by United States registered or certified mail to that address.

Where To File: U.S. Securities and Exchange Commission, 450 Fifth Street, N.W. Washington, D.C. 20549.

Copies Required: Five (5) copies of this notice must be filed with the SEC, one of which must be manually signed. Any copies not manually signed must be photocopies of the manually signed copy or bear typed or printed signatures.

Information Required: A new filing must contain all information requested. Amendments need only report the name of the issuer and offering, any changes thereto, the information requested in Part C, and any material changes from the information previously supplied in Parts A and B. Part E and the Appendix need not be filed with the SEC.

Filing Fee: There is no federal filing fee. State:

This notice shall be used to indicate reliance on the Uniform Limited Offering Exemption (ULOE) for sales of securities in those states that have adopted ULOE and that have adopted this form. Issuers relying on ULOE must file a separate notice with the Securities Administrator in each state where sales are to be, or have been made. If a state requires the payment of a fee as a precondition to the claim for the exemption, a fee in the proper amount shall accompany this form. This notice shall be filed in the appropriate states in accordance with state law. The Appendix to the notice constitutes a part of this notice and must be completed.

ATTENTION

Failure to file notice in the appropriate states will not result in a loss of the federal exemption. Conversely, failure to file the appropriate Federal notice will not result in a loss of an available state exemption unless such exemption is predicated on the filing of a federal notice.

Potential persons who are to respond to the collection of information contained in this form are not required to respond unless the form displays a currently valid OMB control number.

	A. BASIC IDEN	TIFICATION DATA					
 2. Enter the information requested for the following: Each promoter of the issuer, if the issuer has been organized within the past five years; Each beneficial owner having the power to vote or dispose, or direct the vote or disposition of, 10% or more of a class of equity securities of the issuer; Each executive officer and director of corporate issuers and of corporate general and managing partners of partnership issuers; and Each general and managing partner of partnership issuers. 							
Check Box(es) that Apply: ☐ Promoter	☐ Beneficial Owner	☐ Executive Officer	☐ Director	Manager			
Full Name (Last name first, if individual) Steven Griggs							
Business or Residence Address (Number an 76 Spruce Street, Blauvelt, NY 10913	d Street, City, State, Zip Co	ode					
Check Box(es) that Apply: Promoter	☐ Beneficial Owner	☐ Executive Officer	☐ Director	☐ Member			
Full Name (Last name first, if individual)				· · · · · · · · · · · · · · · · · · ·			
Business or Residence Address (Number an	d Street, City, State, Zip Co	ode)					
Check Box(es) that Apply: Promoter	☐ Beneficial Owner	☐ Executive Officer	☐ Director	☐ Member			
Full Name (Last name first, if individual)							
Business or Residence Address (Number an	d Street, City, State, Zip Co	ode)					
Check Box(es) that Apply: Promoter	☐ Beneficial Owner	☐ Executive Officer	☐ Director	☐ Member			
Full Name (Last name first, if individual)							
Business or Residence Address (Number an	d Street, City, State, Zip Co	ode)					
Check Box(es) that Apply: ☐ Promoter	☐ Beneficial Owner	☐ Executive Officer	☐ Director	☐ Member			
Full Name (Last name first, if individual)							
Business or Residence Address (Number an	d Street, City, State, Zip Co	ode)					
Check Box(es) that Apply: Promoter	☐ Beneficial Owner	☐ Executive Officer	☐ Director	☐ Member			
Full Name (Last name first, if individual)							
Business or Residence Address (Number and	d Street, City, State, Zip Co	ode)					
Check Box(es) that Apply:	☐ Beneficial Owner	☐ Executive Officer	☐ Director	☐ Member			
Full Name (Last name first, if individual)							
Business or Residence Address (Number ar	nd Street, City, State, Zip Co	ode)					

(Use blank sheet, or copy and use additional copies of this sheet, as necessary.)

				B. IN	FORMAT	ION ABO	UT OFFEI	RING				
1.	Has t	he issuer so					credited inv 2, if filing t			Yes ⊠	No	
2.	What	What is the minimum investment that will be accepted from any individual?							\$5,0	\$5,000.00		
3.	Does	the offering	g permit joi	nt ownersh	ip of a singl	e unit?				Yes ⊠	No □	
4.	indire sales deale more	ectly, any coording of securitien registered than five (ommission s in the offe with the S 5) persons	or similar ering. If a page of the second or to be listed	remunerati person to be with a stat	on for solice listed is an e or states, ated person	een or will citation of a n associated list the nar s of such a	purchasers person or a ne of the b	in connectingent of a backer or de	on with roker or aler. If		
Full Name (L	ast name fi	rst, if indiv	idual)								<u>-</u>	
Business or R	lesidence A	Address (Nu	mber and S	Street, City,	State, Zip (Code)	<u> </u>					
Name of Asso	ociated Bro	ker or Dea	ler				-	···				
States in Whi	ch Person l	Listed Has	Solicited or	Intends to	Solicit Purc	hasers	<u></u> -	·				
(Check "A	All States"	or check in	dividual St	ates)								All States
[AL] [IL] [MT] [RI]	[AK] [IN] [NE] [SC]	[AZ] [IA] [NV] [SD]	[AR] [KS] [NH] [TN]	[CA] [KY] [NJ] [TX]	[CO] [LA] [NM] [UT]	[CT] [ME] [NY] [VT]	[DE] [MD] [NC] [VA]	[DC] [MA] [ND] [WA]	[FL] [MI] [OH] [WV]	[GA] [MN] [OK] [WI]	[HI] [MS] [OR] [WY]	[ID] [MO] [PA] [PR]
Full Name (L	ast name fi	irst, if indiv	idual)							<u> </u>		<u></u>
Business or R	Residence A	Address (Nu	imber and S	Street, City,	State, Zip (Code)						
Name of Asso	ociated Bro	ker or Dea	ler									
States in Whi	ch Person	Listed Has	Solicited or	Intends to	Solicit Purc	chasers			···········		***************************************	
(Check "	All States"	or check in	dividual St	ates)								All States
[AL] [IL] [MT] [RI]	[AK] [IN] [NE] [SC]	[AZ] [IA] [NV] [SD]	[AR] [KS] [NH] [TN]	[CA] [KY] [NJ] [TX]	[CO] [LA] [NM] [UT]	[CT] [ME] [NY] [VT]	[DE] [MD] [NC] [VA]	[DC] [MA] [ND] [WA]	[FL] [MI] [OH] [WV]	[GA] [MN] [OK] [WI]	[HI] [MS] [OR] [WY]	[ID] [MO] [PA] [PR]
Full Name (L	ast name f	irst, if indiv	idual)									
Business or R	Residence A	Address (Nu	ımber and S	Street, City,	State, Zip	Code)						
Name of Ass	ociated Bro	oker or Dea	ler				<u></u>	-				
States in Whi	ich Person	Listed Has	Solicited or	r Intends to	Solicit Pure	chasers						
(Check "	All States"	or check in	idividual St	tates)								All States
[AL] [IL] [MT] [RI]	[AK] [IN] [NE] [SC]	[AZ] [IA] [NV] [SD]	[AR] [KS] [NH] [TN]	[CA] [KY] [NJ] [TX]	[CO] [LA] [NM] [UT]	[CT] [ME] [NY] [VT]	[DE] [MD] [NC] [VA]	[DC] [MA] [ND] [WA]	[FL] [MI] [OH] [WV]	[GA] [MN] [OK] [WI]	[HI] [MS] [OR] [WY]	[ID] [MO] [PA] [PR]

(Use blank sheet, or copy and use additional copies of this sheet, as necessary.

1.	Enter the aggregate offering price of securities included in this offering and the total amount already sold. Enter "0" if answer is "none" or "zero." If the transaction is an exchange offering, check this box \square and indicate in the columns below the amounts of the securities offered for exchange and already exchanged.			
	Type of Security	Aggregate Offering Pri		Amount Already Sold
	Type of Security Debt	\$0	ce	\$0
	Equity	\$0 \$0		\$0 \$0
	□ Common □ Preferred	φu		3 0
		¢Λ		φn
	Convertible Securities (including warrants)	\$0 #825.000		\$0
	Limited Liability Company Interests	\$825,000		\$0
	Other (Specify)	\$0		\$0
	Total	\$825,000		\$0
	Answer also in Appendix, Column 3, if filing under ULOE.			
2.	Enter the number of accredited and non-accredited investors who have purchased securities in this offering and the aggregate dollar amounts of their purchases. For offerings under Rule 504, indicate the number of persons who have purchased securities and the aggregate dollar amount of their purchases on the total lines. Enter "0" if answer is "none" or "zero."			
		Number Investors		Aggregate Dollar Amount of Purchase
	Accredited Investors			\$0
	Non-accredited Investors			\$0
	Total (for filings under Rule 504 only)			N/A
	Answer also in Appendix, Column 4, if filing under ULOE.			
3.	If this filing is for an offering under Rule 504 or 505, enter the information requested for all securities sold by the issuer, to date, in offerings of the types indicated, in the twelve (12) months prior to the first sale of securities in this offering. Classify securities by type listed in Part C - Question 1.			
	Turns of offseins	Type of Security		Dollar Amount Sold
	Type of offering Rule 505	N/A		N/A
	Regulation A	N/A		N/A
	Rule 504	N/A		N/A
		N/A N/A		N/A
4.	a. Furnish a statement of all expenses in connection with the issuance and distribution of the securities in this offering. Exclude amounts relating solely to organization expenses of the issuer. The information may be given as subject to future contingencies. If the amount of an expenditure is not known, furnish an estimate and check the box to the left of the estimate.	IVA		IVA
	Transfer Agent's Fees			\$0
	Printing and Engraving Costs		×	\$500
			X	\$11,000
	Legal Fees			\$11,000 \$0
	Accounting Fees			\$0 \$0
	Engineering Fees			* -
	Sales Commissions (specify finders' fees separately)			\$0 \$1,000
	Other Expenses (identify)Blue Sky Filing Fees		X	\$1,000
	Total	•••••	\boxtimes	\$12,500

C. OFFERING PRICE, NUMBER OF INVESTORS, EXPENSES AND USE OF PROCEEDS

C. OFFERING PRICE, NUMBER OF INVESTORS, EXPENSES AND USE OF PROCEEDS

b. Enter the differences between the aggregate offering price given in response to Part C - Question 1 and total expenses furnished in response to Part C - Question 4.a. This difference is the "adjusted gross proceeds to the issuer."

\$812,500

5. Indicate below the amount of the adjusted gross proceeds to the issuer or proposed to be used for each of the purposes shown. If the amount of any purpose is not known, furnish an estimate and check the box to the left of the estimate. The total of the payments listed must equal the adjusted gross proceeds to the issuer set forth in response to Part C - Questions 4.b above.

			Payments to		
			Officers, Directors, &		Payments To
			Affiliates		Others
Salaries and fees		⊠	\$0	\boxtimes	\$0
Purchase of real estate		⊠	\$0	\boxtimes	\$0
Purchase, rental or leasing and ins	tallation of mac	hinery and equipment 🗵	\$0	\boxtimes	\$0
Construction or leasing of plant bu	ildings and faci	ilities	\$0	X	\$0
Acquisition of other business (incl	uding the value	of securities involved in this offering			
-		urities of another issuer pursuant to a	**	_	**
•		⊠	\$0	\boxtimes	\$0
Repayment of indebtedness		X	\$0	\boxtimes	\$0
Working capital		⊠	\$0	\boxtimes	\$0
Other (specify):		\boxtimes	\$3,400	\boxtimes	\$809,100
Physical Production	\$53,500				
Fees	\$60,300				
Rehearsal Salaries	\$36,875				
Rehearsal Expense	\$1,840				
Advertising & Publicity	\$85,000				
General & Administrative	\$83,139				
Closing Costs	\$25,000				
Contract Costs	\$275,000				
Advances, Bonds & Deposits	\$70,562				
Reserve	\$121,284				
Column Totals		⊠	\$3,400	\boxtimes	\$809,100
Total Payments Listed (colu	ımn totals adde	(L		X	\$812,500

D. FEDERAL SIGNATURE

The issuer has duly caused this notice to be signed by the undersigned duly authorized person. If this notice is filed under Rule 505, the following signature constitutes an undertaking by the issuer to furnish to the U.S. Securities and Exchange Commission, upon written request of its staff, the information furnished by the issuer to any non-accredited investor pursuant to paragraph (b)(2) of Rule 502.

Issuer (Print or Type) Heat Lightning Productions LLC	Signature	Date //14/02
Name of Signer (Print or Type) Steven Griggs	Title of Signer (Print or Type) Manager	

ATTENTION

Intentional misstatements or omissions of fact constitute federal criminal violations. (See 18 U.S.C. 1001.)